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The 'Black Spot' on the Crimea: Venereal Diseases in the Black Sea fleet in the 1920s.

The situation is quite scandalous, unacceptable and unprecedented in any of the other fleets at this present time. The Black Sea fleet has broken the world record, and moved into first place. I think that it is a disgrace not only for the Black Sea fleet, but also for the navy as a whole.¹

Romuald Muklevich, the Commander of the Soviet Naval Forces.

In the mid-1920s, much to the horror of the Red Navy's high command, the Black Sea fleet was reportedly the most venereally diseased fleet in the world. This article will use the case study of the Black Sea fleet in the city of Sevastopol between 1922 and 1928 to explore Soviet command's perception of venereal diseases as a threat to the security of the Soviet state during the unstable first peacetime decade of its existence.² It will also interrogate the ways in which high command directed the local campaign against venereal diseases. Their discussions reveal how the discourse surrounding these diseases was often linked with wider questions of morality, sexuality and social control. The article will place its analysis in the context of a broader literature, which explores the ways in which venereal diseases are constructed by those in authority and are subject to reinterpretation depending on the specific social, political, cultural and economic conditions of a particular society.³ The Soviet Union provides a vivid illustration of this reinterpretation, as the state financed and controlled all research on venereal diseases and their relationship with society. Both the Soviet classification and treatment of disease

¹ Letter from Muklevich to the Revolutionary Soviet for Naval Forces in the Black Sea, 14 December 1927, Rossiiskii Gosudarstvennyi Arkhiv Voenno-Morskogo Flota (subsequently RGAVMF) f. 1483, op. 1, d. 56, *Materialy ob organizatsii bor'by s venericheskimi zabolevaniiami v chernovskom flote*, l. 13.

² Until 1935, this fleet was called the Naval Forces of the Black Sea and Sea of Azov. Throughout this article, I will use the Black Sea fleet despite this official nomenclature. I will also use the plural venereal diseases as I am addressing perceptions of both syphilis and gonorrhoea.

³ Social historians have discussed this in a variety of historical periods and geographical settings. For example: C. S. Wood, 'Syphilis in Anthropological Perspective', *Social Science and Medicine*, 12 (1978), 47-55; L. Engelstein, 'Syphilis, Historical and Actual: Cultural Geography of a Disease', *Clinical Infectious Diseases*, 8, 6 (1986), 1036-1048; A. M. Brandt, *No Magic Bullet: A Social History of Venereal Diseases in the United States Since 1880* (Oxford, 1987); S. A. Colwell, 'The End of the Road: Gender, The Dissemination of Knowledge and the American Campaign against Venereal Disease during World War One' in P. Treichler, L. Cartwright, C. Penley (eds), *The Visible Woman: Imaging Technologies, Gender and Science* (New York, 1998).

reveals the extent to which those in authority believed the state could legitimately interfere in the private lives of individual citizens.

A number of studies have investigated disease in the military and navy, but the majority have been focused on wartime.⁴ Studying the construction of disease during peacetime illuminates the ways in which states continued to justify the surveillance of their populations in the absence of the impending threat of the invading enemy.⁵ Wartime studies have also emphasised how states used the urgency of combat to justify greater interference into the private lives of its populace. Scholarship on the early Soviet Union has explored how the Soviet state intervened in the everyday lives of its citizens through campaigns of so-called 'struggle' against social problems, such as petty crime and illiteracy.⁶ Sexuality in the Russian and Soviet military has also become a topic of historical interest for scholars in recent years.⁷ This article will build on this literature,

⁴ To name but a few: L. A. Hall, 'Venereal Diseases and Society in Britain, From the Contagious Diseases Acts to the National Health Service' in R. Davidson and L. A. Hall (eds), *Sin, Sex and Suffering: Venereal Disease and European Society Since 1870* (Abingdon, 2001); L. Bland and F. Mort, 'Look Out for the Good Time Girl: Dangerous Sexualities as a Threat to National Health' in B. Schwarz (ed), *Formations of Nations and People* (London, 1984); M. Harrison, 'The British Army and the Problem of Venereal Disease in France and Egypt During the First World War', *Medical History*, 39, 2 (April 1995), 133-158; B. Taithe, *Defeated Flesh: Medicine, Welfare and Warfare in the Making of Modern France* (Lanham, 1999); A. F. Timm, 'Sex With a Purpose: Prostitution, Venereal Disease and Militarized Masculinity in the Third Reich' in D. Herzog (ed), *Sexuality and German Fascism* (New York, 2005); V. Harris, 'The Role of the Concentration Camps in the Nazi Repression of Prostitutes, 1933-9', *Journal of Contemporary History*, 45, 3 (July 2010), 675-698; N. Wingfield, 'The Enemy Within: Regulating Prostitution and Controlling Venereal Disease in Cisleithanian Austria during the Great War', *Central European History* 46, 3 (September 2013), 468-98; P. Kramer, 'Colonial Crossings: Prostitution, Disease and the Boundaries of Empire During the Philippine-American War' in E. Rosenberg and S. Fitzpatrick (eds), *Body and Nation: The Global Realm of US Body Politics in the Twentieth Century* (Durham, 2014); A. Kampf, *Mapping Out the Venereal Wilderness: Public Health and STD in New Zealand 1920-1980* (Berlin, 2007).

⁵ Philippa Levine has produced an excellent study which deals with the treatment and classification of venereal diseases in the military of the British Empire. See, P. Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (New York and London, 2003). On the French military during peacetime see J. Surkis, *Sexing the Citizen: Morality and Masculinity in France, 1870-1920* (Ithaca and London, 2006). Recent studies have also explored venereal disease control in civilian populations during peacetime, for example L. D. H. Sauerteig, 'The Fatherland is in Danger, Save the Fatherland!: Venereal Disease, Sexuality and Gender in Imperial and Weimar Germany'; M. W. Tuck, 'Venereal Disease, Sexuality and Society in Uganda'; A. Lundberg, 'Passing the "Black Judgement": Swedish Social Policy on Venereal Disease in the Early Twentieth Century', all in *Sin, Sex and Suffering*, *op.cit.*

⁶ Some examples from a vast body of literature include: D. L. Hoffman, *Stalinist Values: The Cultural Norms of Soviet Modernity, 1917-1941* (Ithaca, 2003); C. Clark, *Uprooting Otherness: The Literacy Campaign in NEP-era Russia* (London and Cranbury, 2000); L. Shelley, 'The Geography of Soviet Criminality', *American Sociological Review*, 45, 1 (1980), 111-122; W. Z. Goldman, *Women, the State and Revolution: Soviet Family Policy and Social Life, 1917-1936* (Cambridge, 1993).

⁷ A. B. Astashov, 'Seksual'nyi Opyt Russkogo Soldata na Pervoi Mirovoi i Ego Posledstviia dlia Voiny i Mira', *Voenna-Istoricheskaia Antropologiya: Ezhegodnik* (2005-6), 367-382; O. Budnitskii, 'Muzhchiny i

by arguing that the Soviet state used the urgency of the Black Sea fleet's apparent rife venereal diseases to legitimise interference into both the private and intimate spheres. The struggle with venereal diseases allowed the state to classify, regulate and probe the bodies of its servicemen, as well as to control sailors' private activities during shore leave.

As no explicit mentions of queer sexual contact were observed in archival material at the Russian State Archive of the Navy (RGAVMF), this article deals specifically with heterosexual commercial sex between male servicemen and female prostitutes. However, this is not to say that same-sex relations did not happen within the Soviet Navy.⁸ Instead, the absence of same-sex relations in discussions of sailors' sexuality is indicative of the naval authorities' rigid understanding of venereal disease transmission and stigma surrounding homosexuality. This article will begin with an overview of the struggle against venereal diseases in the early Soviet Union, and then move on to explore how the naval high command waged this campaign in the Black Sea during a period of supposed mass infection.

The struggle with venereal diseases in Russia and the Soviet Union

Late imperial and early Soviet authorities conceptualised the issue of venereal diseases in the military in the same way. Both the Imperial and Soviet Navies caused military high command the greatest anxiety, as levels of venereal diseases were consistently higher for sailors than soldiers. A medically compromised military force threatened national security. Therefore, the Imperial and Soviet states used the objective of a healthy and efficient navy to justify frequent intervention into the private lives, and even bodies, of servicemen. This section will begin with a discussion of the Russian Imperial Navy.

The struggle with venereal diseases in the military had been an important feature of late imperial policy making. In the early 1900s, high command frequently debated the best methods with which to combat disease, and recommended to sailors a wide array of

Zhenshchiny v Krasnoi Armii, 1941-1945', *Cahiers du Monde Russe* 52, 2-3 (2011), 405-22; E. S. Seniavskaia, 'Bez Baby i Bez Vina i Voina ne Nuzhna: Problemy Frontovoi Morali v Period Pervoi Mirovoi Voyny', *Istoricheskaia Psikhologiya i Sotsiologiya Istorii*, 1 (2013), 32-38; D. Healey, 'Love and Death: Transforming Sexualities in Russia, 1914-1922' in M. Frame, B. Kolonitskii, S. G. Marks and M. K. Stockdale (eds), *Russian Culture in War and Revolution, 1914-22, Book 2. Political Culture, Identities, Mentalities and Memory* (Bloomington, 2014), 153-162.

⁸ Dan Healey provides plenty of examples of sailors engaging in same-sex prostitution in late imperial Russia and the early Soviet Union. See D. Healey, *Homosexual Desire in Revolutionary Russia: the Regulation of Sexual and Gender Dissent* (Chicago and London, 2001).

prophylactic methods ranging from condoms and special ointments to total abstinence.⁹ Discussions of venereal diseases in the naval forces focused on the threats that they posed to national security. Infection depleted the Russian empire's valuable resource of manpower by causing inefficiency and removing men from active service.¹⁰

Medical personnel were far more concerned with the sexual behaviour of sailors rather than of soldiers. Sailors had higher wages and more free time during the autumn and winter months to visit prostitutes.¹¹ There were also significantly higher numbers of registered prostitutes in port cities, which suggests that women migrated to these locations to work in the sex industry. For example, in 1910 the port cities of Sevastopol and Simferopol were home to seventy per cent of the entire prostitute population of Taurida province.¹² One 1901 report by Dr Grivtsova of Sevastopol revealed that levels of venereal diseases within the lower ranks were four times higher in the naval forces than those who worked on land.¹³ Therefore, the imperial authorities perceived the need to control venereal diseases as particularly urgent in the context of the Navy.

The tsarist authorities and high command of the Imperial Navy both believed that the most effective way to prevent venereal diseases was to target the source, which in most cases was presumed to be the prostitute.¹⁴ Therefore, the authorities introduced a system of regulated prostitution, which remained in place from 1843 until the fall of the autocracy in 1917. Regulation, or *nadzor*, was introduced with the official aim of controlling levels of venereal disease. In order to work legally, prostitutes were required

⁹ Some of these methods are detailed in a letter from the medical inspector of the Port of Emperor Alexander III in Libava to the commander of the port, 6 September 1909. RGAVMF, f. 928, op. 1, d. 587, *Imperatora Aleksandra III Upravleniia Porta: s perepiska o Libavskom vrachebnoe politseiskoi komitet dliia nadzora za prostiutsiei v Libave*, l. 18.

¹⁰ For example, the way in which venereal diseases remove men from service is discussed by the Commander of the Port of Emperor Alexander III in a letter to the governor of Kurliand province. RGAVMF, f. 928, op. 1, d. 587, l. 23.

¹¹ RGAVMF, f. 928, op. 1, d. 940, *O razrabotke komissiei mer dliia bolezniami v porte Imperatora Aleksandra III*, l. 7.

¹² This is also true of the port of Libava in Kurliand province (fifty-one per cent); Riga in Lifliand province (sixty-five per cent); and the port cities of Odessa and Nikolaev in Kherson province (eighty-seven per cent). See Glavnoe Upravlenie po Delam Mestnogo Khoziaistva, *Vrachebnoi-Politseiskii Nadzor za Gorodskoi Prostitutsiei* (Saint Petersburg, 1910), 10; 12; 22; 26.

¹³ RGAVMF, f. 408, op. 1, d. 940, l. 6.

¹⁴ The medical authorities in the Port of Emperor Alexander III collected statistics on who sailors named as the source of their infection in 1909 and 1911. All but two sailors named prostitutes as the source. RGAVMF, f. 928, op. 1, d. 588, *S svedeniami o nizhnikh chinakh zaboлевshikh venericheskimi bolezniami*, ll. 1-27; RGAVMF f. 928, op. 1, d. 648, *S svedeniami o nizhnikh chinakh zaboлевshikh venericheskimi bolezniami*, l. 4, l. 73.

to register their details with their local medical-police committee, a section of law enforcement in charge of ensuring that regulation ran smoothly at a regional level. Systems of regulated prostitution also existed in France, Germany, Italy, Great Britain, and Spain in the late-nineteenth and early-twentieth centuries.¹⁵ Through weekly or biweekly compulsory medical examinations, the authorities monitored the sexual health of the prostitute, and incarcerated her in hospital if she was infected.¹⁶

This system entirely failed to limit the spread of venereal diseases. Although prostitutes were legally obliged to be examined regularly, limited venereological knowledge and a lack of symptoms at the latent stages of venereal infection meant that physicians were often unable to accurately detect these diseases.¹⁷ The examination of male clients was not legally mandated, which also contributed to the extensive spread of disease. Through regulation, the authorities placed the full responsibility for the spread of venereal diseases on the prostitute. The imperial authorities used this connection to justify their extensive power over the bodies of these women. Registered prostitutes were required to submit their internal passports, a document essential for movement and employment, to the police in exchange for an alternative identity card, which displayed information about their sexual health. The Provisional Government abolished this system of regulation in 1917. Following their seizure of power in October, the Bolsheviks used alternative measures to control venereal diseases.

After the October revolution, discussions of methods for combatting disease continued, but now they took on a new significance. In the new state discourse, venereal diseases were presented as a remnant of the decadence and corruption of bourgeois capitalist society, and something completely incompatible with the socialist state. Like their pre-revolutionary counterparts, the Bolsheviks regarded prostitution as the most

¹⁵ For the regulation of prostitution in France, see A. Corbin, A. Corbin, *Women for Hire: Prostitution and Sexuality in France after 1850*, trans A. Sheridan (Cambridge and London, 1990). Germany: J. Roos, 'Backlash Against Prostitutes' Rights: Origins and Dynamics of Nazi Prostitution Policies' in D. Herzog (ed). *Sexuality and German Fascism* (New York, 2005). Italy: M. Gibson, *Prostitution and State in Italy, 1860-1915* (Columbus, 1999). Great Britain: J. Walkowitz, *Prostitution and Victorian Society: Women, Class and the State* (Cambridge, 1980). Spain: chapter three in A. G. Moroillo, *The Seduction of Modern Spain: The Female Body and the Francoist Body Politic* (Lewisburg, 2010).

¹⁶ For a comprehensive discussion of the tsarist regulation of prostitution see L. Bernstein, *Sonia's Daughters: Prostitutes and Their Regulation in Imperial Russia* (Berkeley and Los Angeles, 1995).

¹⁷ L. Bernstein, 'Yellow Tickets and State Licensed Brothels': The Tsarist Government and the Regulation of Urban Prostitution' in S. Gross Solomon and J. F. Hutchinson (eds), *Health and Society in Revolutionary Russia* (Bloomington, 1990), 48.

frequent method by which disease was spread. However, they focused on eradicating women's economic motivations for entering prostitution, such as wage inequality, frequent dismissals and a lack of provisions for childcare, rather than sanctioning regulated prostitution.¹⁸ Alexandra Kollontai, Founder of the Women's Department, argued in 1918 that the 'disgusting, dark, debasing human evil' of prostitution would disappear after the introduction of socialism, as the state would take steps to ensure that women received increased education, employment and maternal support.¹⁹ The Bolshevik authorities believed that the eradication of prostitution following socialism and the improvement of women's economic lot would spell an automatic end to the abundant spread of venereal diseases.

In the Soviet Union, venereal diseases were diagnosed and treated as part of the field of 'social hygiene'. This included various diseases that Soviet medicine defined as contracted and spread as a result of societal factors, such as alcoholism, prostitution and narcotic addiction.²⁰ This stemmed from the belief that these diseases were both biological and social phenomena, best understood within their social context.²¹ Venereal diseases threatened society on three levels: they jeopardised individual health, economic production through absence, and consequently the construction of the socialist state. Poor sexual health was therefore a public, rather than private illness. As Frances Bernstein has argued, societal concerns often eclipsed the interests of the individual in both pre-revolutionary and Soviet Russia, particularly with regards to patient privacy in the case of venereal diseases.²² The prioritisation of state interests over the privacy of individuals enabled the Soviet state to rationalise interventions on the bodies of its

¹⁸ Recommendations for combatting prostitution focused on the improvement of women's economic lot, including raising the minimum wage and establishing dormitories for unemployed women. Memorandum of People's Commissariat of Education on combating juvenile crime and prostitution, 1919, Gosudarstvennyi Arkhiv Rossiiskoi Federatsii (GARF subsequently), f. 413, op. 2, d. 327, *Rasporiazheniia i tsirkuliary narodnogo komissariata sotsial'nogo obespecheniia*. ll. 4-6.

¹⁹ A. Kollontai, 'Make Way for the Winged Eros' translated and reproduced in W. G. Rosenberg (ed). *Bolshevik Visions: First Phase of the Cultural Revolution in Soviet Russia, Part One: The Culture of a New Society*, 2nd edn (Ann Arbor, 1990), 75.

²⁰ This was in contrast to countries such as the United States, for whom 'social hygiene' was restricted to the treatment of venereal diseases only, S. Gross Solomon and J. F Hutchinson, 'Introduction: The Problem of Health Reform in Russia' in Gross Solomon and Hutchinson, *op.cit.*, xii.

²¹ S. Gross Solomon, 'Social Hygiene in Soviet Medical Education, 1922-30', *Journal of the History of Medicine and Allied Sciences*, 45 (1990), 607-643, here 608.

²² See F. Bernstein, 'Behind the Closed Door: VD and Medical Secrecy in Early Soviet Medicine' in F. Bernstein, C. Burton and D. Healey (eds), *Soviet Medicine: Culture, Practice and Science* (DeKalb, 2010), 96-98. She argues that although medical secrecy was abolished with the aim of making venereal disease a 'misfortune' rather than a 'disgrace', it often encouraged shamefulness and ostracism in practice.

citizens. Article 132 of the 1926 Family Code stipulated that couples who intended to marry were obliged to share information about their sexual health on the registration of their marriage, or face prosecution. In 1927, a government decree permitted the Ministry of Health to forcefully examine and treat a person suspected to have a venereal disease, if they refused voluntary treatment.²³

In the 1920s, treatments for syphilis and gonorrhoea in the Soviet Union, as across Europe and North America, were often long, repetitive and ineffective.²⁴ Before the introduction of sulfanilamide as a cure for gonorrhoea in the late 1930s, Soviet physicians relied on silver-based treatment methods developed during the pre-revolutionary period.²⁵ In the late nineteenth century, Protargol (silver proteinate) was introduced as a treatment for gonorrhoea. This method was employed after sexual intercourse, and involved urinating, washing the penis with soap and water and then injecting the diluted Protargol solution directly into the urethra.²⁶ This treatment was often unreliable and only partly effective.²⁷ The treatment of syphilis was more effective, especially after the introduction of Salvarsan, the 'magic bullet' syphilis cure developed at the laboratory of German physician Paul Ehrlich in the early 1900s. Syphilis treatment required a high degree of patient compliance. Treatment could last up to two years and patients were required to attend clinics regularly for repeated testing and injections, and often abstain from alcohol and sexual intercourse.²⁸ Even in mid-1950s, a physician from the Institute of Advanced Medical Studies for Physicians in Leningrad reported that syphilis patients still had to attend weekly follow-up treatments for several years following their initial diagnosis.²⁹

²³ *ibid.*, 104.

²⁴ On the situation in interwar Britain public treatment centres, see L. A. Hall, 'Venereal Diseases and Society in Britain', *op.cit.*, 129-130.

²⁵ Sulfanilamide became the first medication to effectively treat gonorrhoea in 1938. Four grams per day of the treatment for at least three weeks produced an eighty per cent cure rate. T. G. Benedek, 'Gonorrhoea and the Beginnings of Clinical Research Ethics', *Perspectives in Biology and Medicine*, 48, 1 (2005), 54-73, here 70.

²⁶ Report by the medical inspector of the Port of Emperor Alexander III to the Port's commander, 25 May 1909. RGAVMF, f. 408, op. 1, d. 1581, *O bor'by s venericheskimi zabolovaniia vo flotam*, l. 43. For more information on this treatment in English see O. Wilson, 'Venereal Diseases: Their Treatment and Cure', *The Canadian Medical* 9, 2 (1919), 136-140.

²⁷ Bernstein, 'Behind the Closed Door', *op.cit.*, 101.

²⁸ *ibid.*, 101-102.

²⁹ P. V. Kozhewnikov, 'Organisation of Syphilis Control in the Soviet Union', *British Journal of Venereal Diseases*, 32 (1956), 229-230, here 229.

The Soviet government presented an image of unbridled success in the field of venerology. The Central Commission for the Struggle against Venereal Diseases met for the first time in October 1918 and contributed 61,500 roubles towards work in sanitary enlightenment, including lectures, leaflets, brochures, posters and exhibitions.³⁰ In 1919, the People's Commissariat of Education advocated compulsory sex education in schools, along with the mass publication of brochures and posters on the connections between venereal diseases and prostitution.³¹ The focus of this part of the campaign was on preventative education: the more the population were aware of the harmful effects of venereal diseases, the more likely they were to practice self-restraint and use prophylactics during sexual intercourse. The government also publicised their investment in research and treatment. The Special Bureau for Venereal Diseases and the Bronner Institute for Skin and Venereal Diseases opened between 1918 and 1919. The Bronner Institute had twelve institutes and thirty dispensaries under its jurisdiction, as well as a research laboratory, outpatient facilities and space to accommodate 440 patients.³² Across the whole of the Soviet Union, the number of facilities for the treatment of venereal diseases rose from twelve in 1913 to eight hundred by 1928.³³

Statistics that evaluate the impact of increased treatment and research in the field of venerology are profoundly unreliable, given the Soviet state's need to exaggerate levels of success in order to justify the campaign to struggle with venereal diseases. Therefore, how far this campaign actually reduced venereal diseases is questionable. Anglo-American public health experts Sir Arthur Newsholme and John Adams Kingsbury, reported on the wider campaign of social hygiene in their 1933 publication *Red Medicine: Socialised Health in Russia*.³⁴ The authors interviewed Dr. Kazaroff, the head of the Institute for Skin and Venereal Diseases in Moscow, who claimed that the number of registered syphilis cases in Moscow declined between 1927 and 1931, and attributed this

³⁰ F. Bernstein, 'What Everyone Should Know About Sex': Gender, Sexual Enlightenment and the Politics of Health in Revolutionary Russia, 1918-1931', (Ph.D., Colombia University, 1998), 24.

³¹ GARF, f. 413, op. 2, d. 327, ll. 4-6. A discussion of sanitary enlightenment posters see F. Bernstein, 'Visions of Sexual Health and Illness in Revolutionary Russia' in *Sin, Sex and Suffering*, *op.cit.*

³² J. A. Scott, 'Venereal Diseases in the Soviet Union', *British Journal of Venereal Diseases*, 21, 1 (March 1945), 2-7, here 4.

³³ *ibid.*, 4.

³⁴ Newsholme (1857-1943) was the Principal Medical Officer of the Local Government Board of England and Wales, as well as a lecturer on Public Health at John Hopkins University. Kingsburg (1876-1956) was the Secretary of the Milbank Memorial Fund, Commissioner of Public Charities for the City of New York. They travelled around major cities in the USSR during August and September 1932 and reported on medical and public health administration in Soviet Russia in this publication.

to the disappearance of unemployment, liquidation of prostitution and workers' recognition for the 'need for self-control'.³⁵ His assertions suggest that both structural factors and acts of individual agency contributed to the spread of diseases, something which the Soviet government had apparently solved through universal employment and the instilling of new sexual values through health propaganda. Despite this praise, Newsholme and Kingsbury recognised the limitations of statistical information on venereal diseases, and prefaced their discussion with a comment that figures for these illnesses are always 'notably untrustworthy'.³⁶

Statistics compiled by Soviet doctors continued to report remarkable success, and this was often the only data available to foreign researchers. This is evident in a 1943 report from the Anglo-Soviet Medical Council, which purported that by 1935, levels of primary syphilis had declined to 1.8 cases in 10,000 in urban centres, and only 0.62 per 10,000 in the countryside.³⁷ These figures also feature in other English-language articles on Soviet campaigns of social hygiene, although only three references appear in the Anglo-Soviet Medical Council's bibliography, one of which was a 1942 publication by the former People's Commissar of Health, Nikolai Semashko.³⁸ The Anglo-Soviet Council also reported that in Moscow the condition of primary syphilis was now so rare, that medical schools allegedly struggled to find cases for demonstration purposes. It is important to note that the criminalisation of the transmission of venereal diseases, in article 150 of the 1926 Criminal Code, would have acted as a considerable disincentive for those suffering from venereal diseases to seek treatment. Fewer reported cases may have not reflected reality, but rather unwillingness on the part of individuals to reveal their infection, motivated by fear of prosecution.

Soviet medical discourse grossly exaggerated triumphs in the field of venerology, especially at a regional level. The majority of state investment in the struggle with venereal diseases was concentrated in Moscow and Leningrad, which left much of the population in the provinces without practical help and support. The Soviet state's grand

³⁵ A. Newsholme and J. A. Kingsbury, *Red Medicine: Socialised Health in Soviet Russia* (New York, 1933), 261-62.

³⁶ *ibid.*, 260.

³⁷ Anglo-Soviet Medical Council, 'Anti-Venereal Measures in the Soviet Union', *British Journal of Venereal Diseases* 19, 1 (March 1943), 39-42, here 41.

³⁸ 'Soviet Medicine and Hygiene: Impressions of Medical Tourists in Russia', *British Medical Journal*, 2, 3700 (December 1931), 1043-1044, also Scott, *op.cit.*

plans for widespread sanitary enlightenment and easily accessible treatment were little more than a mirage. For example, in 1925 out of the entire population, only 300,000 people attended eighty-four dispensaries across the whole of the Soviet Union.³⁹ Anna Haines, an American relief worker and frequent visitor to the Soviet Union, estimated that in 1928 the total number of beds in the USSR for those requiring hospitalisation because of venereal diseases was 3540 for a population of 140,000,000; or one bed for every 40,000 people.⁴⁰ Central government advocated greater work in the provinces, but it is difficult to know exactly the extent to which this happened in practice. This article will now move on to examine how the struggle with venereal diseases worked at a regional level in the Black Sea fleet in Sevastopol. I have selected this case study to explore how the campaign worked when the Soviet authorities were faced with an apparent urgent case: the fleet with the highest levels of venereal diseases in the entire world.

Changing relationships in the 1920s

The 1920s witnessed a transformation of the relationship between society and the military and naval forces in the Soviet Union. While consolidating power during this decade, the Soviet state continuously waged a propaganda war in favour of new socialist values. The state employed militarised language when publicising policies of various campaigns, such as industrialisation, literacy and atheism. The hero and enemy were central figures in early Soviet propaganda posters. Here, the enemy was loosely defined and multifaceted: saboteurs, the clergy, capitalists and monarchists. The military and naval forces assumed a significant role for this propaganda, as all of the 600 newspapers and 900 journals of the Soviet Union were required to contain a military column, and each of the 3500 cinemas and 10,000 travelling cinemas had to show military films.⁴¹ This is part of the phenomenon military historian Gunnar Åselius refers to as the ‘general militarisation (*voennizatsiia*) of society’: a state of constant preparation for conflict promoted through the use of militarised language and an elevation of the importance of the armed forces.⁴² Similarly, Mark von Hagen argues that ‘military or martial values’

³⁹ T. Starks, *Body Soviet: Propaganda, Hygiene and the Revolutionary State* (Madison, 2008), 51.

⁴⁰ Anna Haines was an American-born nurse who visited Russia 1917-19; 1920-21; and 1925-27 as a relief worker for the American Friends Service Committee. See A. Haines, *Health Work in Soviet Russia* (New York, 1928), 120.

⁴¹ G. Åselius, *The Rise and Fall of the Soviet Navy in the Baltic, 1921-1941* (Abingdon, 2005), 102.

⁴² *ibid.*, 102.

were deeply embedded in the political culture of Bolshevik party and state bureaucracy.⁴³ Even during peacetime, the state's increasing organisation of marches, demonstrations and commemorations of the immediate revolutionary past throughout the 1920s contributed to the hypervisibility of the military in society.⁴⁴

The 1920s also represent a decade of transformation for the composition of the Red Navy. The 1921 unsuccessful uprising against the Bolsheviks in Kronshtadt emphasised the threat that the naval forces could pose to the stability of the Soviet state, and the need to strengthen control and influence in this sphere. The complete political reconstruction of the Red Navy began in 1924 with the purge of around 750 officers who had served during the pre-revolutionary period. Between 1923 and 1927, at least 10,000 committed Komsomol (All-Leninist Youth League) members swelled the ranks as their replacements.⁴⁵ From 1927 onwards, energetic young officers from Soviet Naval Academies were rapidly promoted to positions of power and influence.⁴⁶ In propaganda posters and other print media, the Red Navy appeared as essential protectors of the Soviet state. This article will now move on to examine one particular contingent within these naval forces, the Black Sea fleet.

The Black Sea fleet

The Black Sea fleet was an important naval contingent in imperial Russia, particularly in fighting the Ottoman Turkish Fleet in several campaigns during the First World War, prior to the Treaty of Brest-Litovsk in March 1918. The turmoil of the revolutions and Civil War significantly weakened the fleet, as most of its vessels were damaged beyond repair, sunk or taken by forces of the White Army to Bizerte in Tunisia.⁴⁷ In May 1920, the Bolshevik regime created the Naval Forces of the Black Sea and Sea of Azov, to be renamed the Black Sea fleet in January 1935. The fleet went on to become the second largest in Soviet Russia by the beginning of the Great Patriotic War in June 1941.⁴⁸

⁴³ M. von Hagen, *Soldiers in the Proletarian Dictatorship: The Red Army and the Soviet Socialist State, 1917-1930* (Ithaca and London, 1990), 332.

⁴⁴ M. Neumann, *The Communist Youth League and the Transformation of the Soviet Union, 1917-1932* (Abingdon, 2011), 119.

⁴⁵ D. W. Mitchell, *A History of Russian and Soviet Sea Power* (London, 1974), 360.

⁴⁶ E. Morris, *The Russian Navy: Myth and Reality* (London, 1977), 20.

⁴⁷ Mitchell, *op.cit.*, 356.

⁴⁸ N. Polmar, *The Naval Institute Guide to the Soviet Navy*, 5th edn (Annapolis, 1991), 18.

Between 1926 and 1927, levels of venereal diseases in the Black Sea fleet were reportedly high. On 9 September 1927, Muklevich issued a strong order of condemnation. He described levels of disease in the Black Sea as 'exceptional in terms of numbers' and as an example of 'moral decay, which has not been met with enough consistency or sharp condemnation'.⁴⁹ As noted at the beginning of this article, Soviet naval doctors reported that cases of venereal diseases in the Black Sea fleet exceeded all other fleets of the Soviet Navy, as well as all other international fleets. In 1926, 15.5 per cent of sailors were infected in the Black Sea, as opposed to only 11.8 per cent on average in the United States Navy.⁵⁰ Muklevich compared these figures with those of the Russian Imperial Navy, where 10.7 per cent of men were infected in 1913.⁵¹ The order included several vague suggestions about how to properly conduct the struggle against venereal diseases in this region, notably: through an increase in prophylactic measures; better political management of naval forces; and more comprehensive health education. Muklevich even devised a memorable slogan for the campaign: 'Not one *venerik* (venereal patient) on the ships or units'.⁵²

In the absence of any clear direction on how to wage the struggle, venereal diseases in the Navy did not begin to decline in autumn 1927. To obtain a clearer picture of the severity of the situation, Muklevich drafted in Dr Staronadmskii, the Doctor for Important Assignments of the Naval Forces. Staronadmskii sent Muklevich a comprehensive report to contextualise the levels of venereal diseases in the Black Sea fleet. This report claimed that diseases in the fleet vastly exceeded the average for the entire Soviet Navy between 1924 and 1927, and for the Imperial Russian Navy between 1910 and 1916. This level of venereal diseases had not been seen since 1913.⁵³

⁴⁹ Order of the Chief of the Naval Forces, 9 September 1927 RGAVMF, f. 1483, op. 1, d. 56, l. 1.

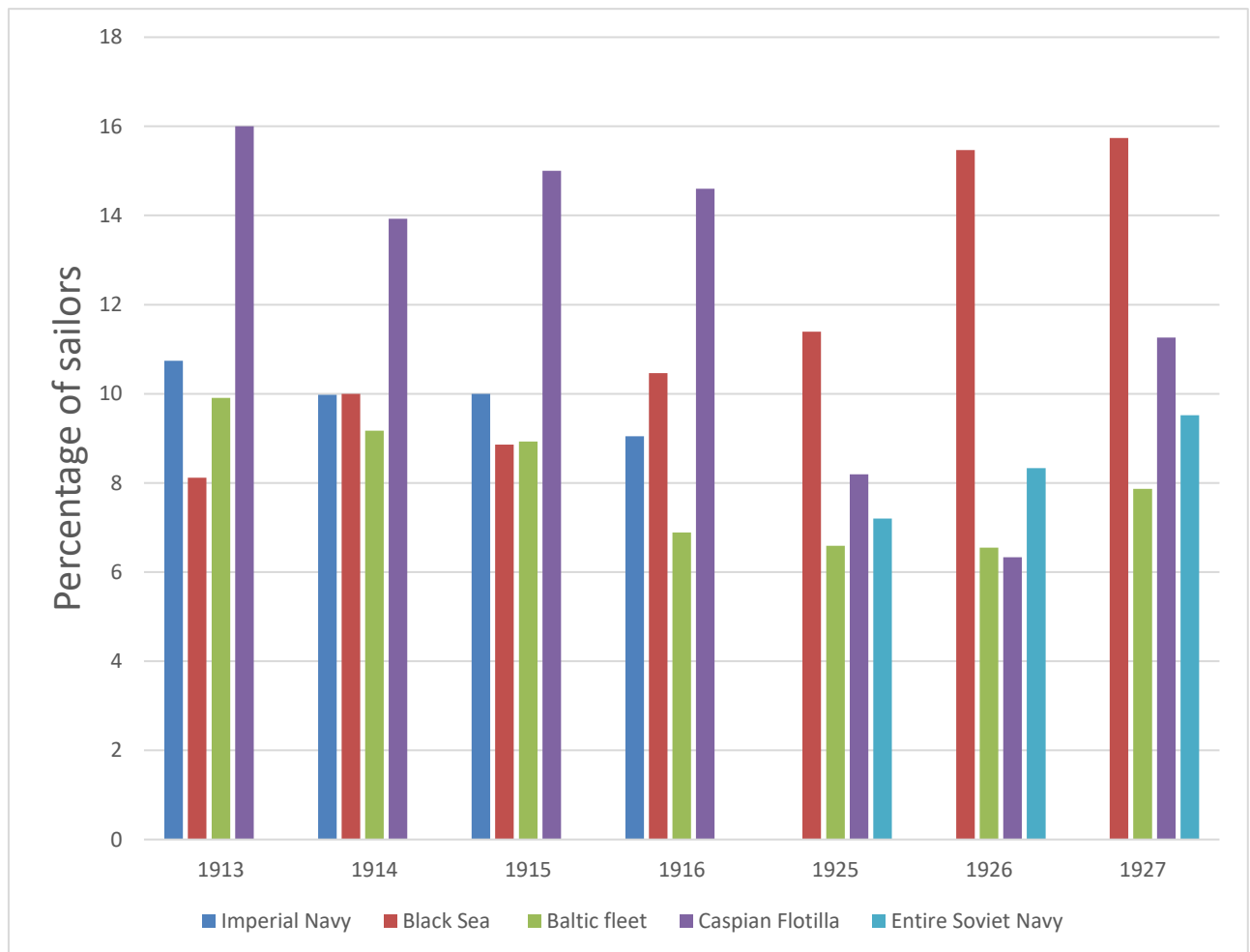
⁵⁰ *ibid.*, l. 1.

⁵¹ *ibid.*, l. 1.

⁵² The slogan in the original Russia reads as «Ни одного венерика на корабле и а часты», *ibid.*, l. 1.

⁵³ In this report, the average for the Caspian Flotilla in 1913 was recorded at sixteen per cent, far higher than the average for the whole Imperial Navy that year at 10.7 per cent. The Caspian Flotilla's average fell to 13.9 per cent in 1914. RGAVMF, f. 1483, op. 1, d. 56, ll. 9-10.

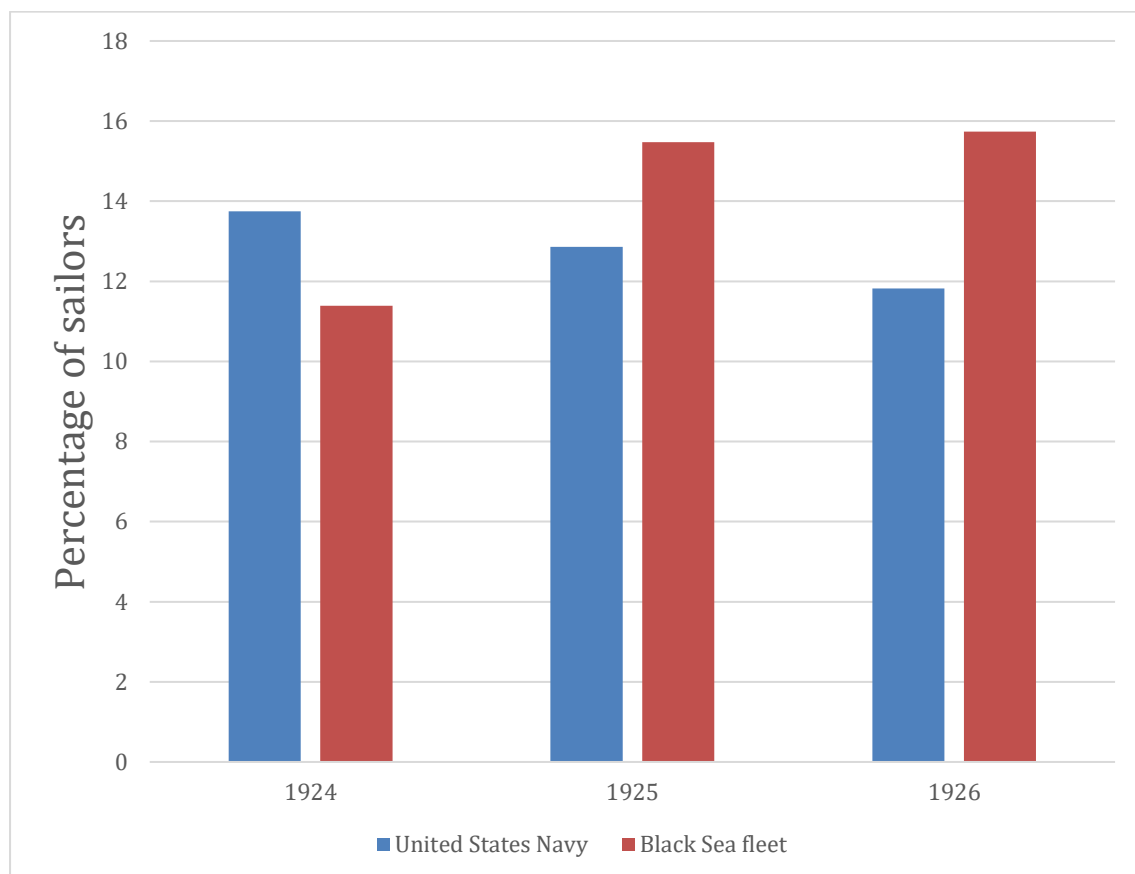
Graph One – Percentage of sailors infected with a venereal disease in the Imperial and Soviet Navy, 1913-27.⁵⁴



⁵⁴ Report of Staronadmskii on levels of venereal disease in the Imperial Navy, Soviet Navy and other navies across the world, 1 December 1927. RGAVMF f. 1483, op. 1, d. 56, ll. 9-10.

As well as being the most venereally diseased fleet in the Soviet Navy, the Black Sea fleet also allegedly surpassed all other international fleets, with 15.5 per cent of all sailors infected.⁵⁵ According to Staronadmskii, the German Navy's highest number of recorded cases was 13.3 per cent in 1922, and for the Royal Navy in Great Britain, 9.3 per cent in 1923. Muklevich claimed that overtaking the United States Navy was particularly humiliating for the Black Sea fleet, as the American naval forces had always 'stood out amongst capitalist fleets' in terms of venereal disease.⁵⁶ As cases of venereal diseases in the United States Navy fell from 12.9 per cent to 11.8 per cent between 1925 and 1926, they apparently rose dramatically in the Black Sea fleet from 11.4 to 15.5 per cent.

Graph Two – Percentage of sailors infected with a venereal disease in the United States Navy and the Black Sea fleet. ⁵⁷



⁵⁵ RGAVMF, f. 1483, op. 1, d. 56, l. 10. Staronadmskii provides data for the US Navy 1919-1926; German Navy 1920-1924; Royal Navy 1923-24; French Navy 1920-21; and Italian Navy 1911-1920.

⁵⁶ *ibid.*, l. 1.

⁵⁷ *ibid.*, l. 10.

Both the source and accuracy of Staronadmskii's figures are difficult to determine due to the fragmented nature of available statistics on venereal diseases during the interwar period. Taking the example of the Royal Navy of Great Britain, data that supports the figures from Staronadmskii's report also appeared in British medical discourse. Annual reports entitled 'The Health of the Navy' from *The British Medical Journal* 1922-1925 suggest that Staronadmskii's figures on the Royal Navy for 1923 and 1924 were relatively accurate. In 1922, the journal reported that levels of disease in British servicemen depended on where they were stationed; varying from eight per cent at the home station, to 28.2 per cent at the Chinese station.⁵⁸ For 1923, they listed the average at nine per cent, which dropped to 8.2 per cent in 1924.⁵⁹ In 1925, they did not report an exact figure, but instead stated that there had been a decrease in venereal diseases.⁶⁰

These figures represented a horrible indicator of the failure of anti-disease campaigns in the Soviet Union, which directly contradicted the state's representations of glowing success in the fields of venereal treatment and research. The situation in the Black Sea was particularly problematic for the Soviet state given the instability of its first decade, in which the country witnessed civil war, famine and hyperinflation. The authorities believed that venereal diseases were a further threat to national security, as they envisioned the nation being left vulnerable to attack due to a massive depletion of labour. These figures also demonstrated a challenge to the power of high naval command, who had failed to control their units' behaviour. Soviet sailors, even more so than their pre-revolutionary counterparts, failed to exercise sexual restraint and continued to reject prophylactics, despite mass campaigns of sanitary enlightenment and the political reconstruction of the Red Navy. Correspondence between Muklevich and the high command of the Black Sea in the year that followed included various recommendations for combatting of this 'unacceptable state of affairs'. This was to be a full-scale struggle with venereal diseases, which focused on three main points for reform: the sources of disease; those who became infected; and the urban space of Sevastopol.

⁵⁸ There is a three-year delay on the publication of statistics in the journal. 'The Health of the Navy', *British Medical Journal*, 2, 3377 (19 September 1925), 523-524.

⁵⁹ 'The Health of the Navy', *British Medical Journal*, 2, 3417 (3 July 1926), 22; 'The Health of the Navy', *British Medical Journal*, 1, 3464 (28 May 1927), 968.

⁶⁰ 'The Health of the Services', *British Medical Journal*, 1, 3502 (18 February 1928), 267-268.

The source of venereal diseases

High command's perception of who was responsible for spreading venereal diseases in the Black Sea fleet and Sevastopol was explicitly gendered. The chain of events was allegedly always the same: unemployed or homeless women became prostitutes and then went on to infect naval personnel, a view that was reflected in civilian attitudes which also connected prostitution and venereal disease transmission. As prostitution was decriminalised following the October revolution, in most cases, city and naval authorities suggested measures that focused on preventing any more women from entering prostitution and reforming those that already had. Prostitutes were to blame for venereal diseases; however, the authorities' approach encouraged wider society to prevent disease circulation by involving the entire public in supporting economically vulnerable women. Despite recommendations for support and reform, some administrative bodies vilified the prostitute for her involvement in the transmission of venereal diseases, branding her as malicious and advocating repression. This section will explore the varying methods suggested by the authorities in Sevastopol for preventing the spread of disease through the destruction of its source.

The official newspaper of the Black Sea fleet, *Krasnyi Chernomorets*, reported on measures taken by the Sevastopol Soviet to eradicate prostitution in the city in 1927.⁶¹ The Soviet recognised that the majority of women who entered prostitution were poor, unemployed and unqualified. The article reported that seventy-five per cent of prostitutes in Sevastopol had worked in domestic service previously, an extremely low-paid and unskilled profession that had been the biggest employer of women during the pre-revolutionary period. These women needed both 'material and moral support', which the council believed was best provided through the opening of a labour dispensary (*trud profilaktoriia*) in Sevastopol. These institutions emerged in Moscow and other major cities from 1924 onwards, and offered women who were infected with venereal diseases (in most cases, prostitutes) paid employment, lodgings, free medical treatment and the opportunity to learn a trade.⁶² The goal of the labour dispensary was to encourage women

⁶¹ Unknown author, 'Obrashchenie ko vsemu sostavu morskikh sil cherskogo moriia', *Krasnyi Chernomorets*, No. 287, 1927. The name of the newspaper roughly translates as 'Red (meaning revolutionary) Black Sea sailors'. RGAVMF, f. 1483, op. 1, d. 56, l. 11.

⁶² For more on the labour dispensary see F. Bernstein, 'Prostitutes and Proletarians: The Soviet Labour Clinic as Revolutionary Laboratory' in W. Husband (ed). *The Human Tradition in Modern Russia* (Wilmington, 2000).

to stop working as prostitutes by training them in alternative skilled labour. The Soviet government believed that this method would eventually end both female unemployment and prostitution.

The Sevastopol Soviet was keen to organise a labour dispensary due to the success stories reported from Moscow, where apparently 'hundreds of prostitutes returned to labour' following their stays at the institution.⁶³ However, it is important to treat written testimony from those who entered the labour dispensary with caution, as very few accounts which attest to failure exist. The dominant narrative in both testimony and popular culture follows the same formula: desperate women who enter the dispensary who are then transformed into productive and conscious workers.⁶⁴ Despite the apparent overwhelming success of the labour dispensary, the Soviet government did not allocate funds to ensure that at least one could be opened in each major urban settlement with high levels of prostitution. In 1925, seventy-five per cent of all labour dispensaries across the USSR were financially dependent on the central Commissariat, who often could not deliver the necessary funds.⁶⁵ Even in the second largest city of Leningrad, a dispensary did not open until 1928 due to a lack of funding, even though the Leningrad Council for the Struggle with Prostitution marked it as the 'main course' of action for eradicating commercial sex.⁶⁶

The Sevastopol Soviet refused to allow limited funds to impede their course of action, and implored city residents to donate their time and money to the opening of a labour dispensary through voluntary work. They also reported that employees of the political department of the Black Sea fleet had donated half of their salaries to fund the struggle with prostitution. Further financial assistance was required, so they asked employees from other departments, such as safety and navigation, as well as the political department of the Crimean Autonomous Soviet Socialist Republic (Crimean ASSR) to

⁶³ 'Obrashchenie ko vsemu'.

⁶⁴ Bernstein, 'Prostitutes and Proletarians', *op.cit.*, 124-27. The 1926 film *A Prostitute, Killed by Life* (*Prostitutka, Ubitaia Zhizhniu*) directed by Oleg Frelikh also follows the pattern, where a young girl, Liuba, is seduced into prostitution, exploited, and then admitted to a labour dispensary where she becomes a vocal advocate for the institution.

⁶⁵ Haines, *op.cit.*, 119.

⁶⁶ Report of the Leningrad Council for the Struggle with Prostitution, 1928. Tsentralnyi Gosudarstvennyi Arkhiv Sankt-Peterburga (TsGASpb subsequently), f. R4370, op. 1, d. 409, *O rabote soveshchaniia po bor'be s prostitutsiei*, l. 193.

follow suit.⁶⁷ The Soviet conceptualised the struggle with prostitution and venereal diseases as a campaign that required the active involvement of all sectors of society. It was the financial responsibility of the whole public to contribute to ending prostitution. The focus on preventing women from entering prostitution to stop the spread of diseases reinforced the Soviet message that these diseases were matters of social hygiene, and their most effective treatment was within their social context.

The naval authorities were less sympathetic to the plight of economically vulnerable women. They categorised some prostitutes as class enemies, who were undeserving of any financial assistance. In January 1928, Tikhomirov, the Head of the Political Inspectorate for the Red Army and Navy, produced a report that detailed vital steps for reducing levels of disease in the Black Sea, in which he listed the different types of prostitute that he claimed spread infection in Sevastopol. First, he described single, unemployed and homeless women, who he believed should have access to the labour dispensary. Secondly, employing the terminology used by sailors, he spoke of so-called 'mama's daughters' (*mamen'kiny dochki*) who he defined as the 'petty-bourgeois masses' living in the suburbs of Sevastopol who 'engage in both free and paid casual sex'.⁶⁸ He believed that these women were not prostitutes because of economic need, and instead spread disease maliciously through their promiscuous behaviour, something that Soviet state discourse condemned in health education campaigns in the early 1920s.

In February 1928, an article in *Krasnyi Chernomorets* also divided prostitutes into two camps. The author described the first category as 'stray wolves [who] have slipped onto the muddy path of prostitution because of need'.⁶⁹ The second category of prostitute was a 'black spot' and the active assistance of the public was required to 'root out [this] debauchery' and 'wash away the stain'. The language used implied that the second category of prostitute was irredeemable, and instead must be repressed and removed from Sevastopol.⁷⁰ This is echoed in a list of resolutions presented by the Sevastopol district committee for continuing the struggle with venereal diseases in the region. As

⁶⁷ 'Obrashchenie ko vsemu'

⁶⁸ Report by Tikhomirov and Muklevich, January 1928. RGAVMF, f. 1483, op. 1, d. 56, l. 19.

⁶⁹ Unknown author, 'Nado smyt' chernoie piatno', *Krasnyi Chernomorets*, No. 33, 3 March 1928. RGAVMF, f. 1483, op. 1, d. 56, l. 32.

⁷⁰ Military perceptions mirrored civilian attitudes. Elizabeth Waters discusses the way in which policy and the wider public classified prostitutes as either victims and villains in the early Soviet Union. See E. Waters, 'Victim or Villain: Prostitution in Post-Revolutionary Russia' in L. Edmondson (ed). *Women and Society in Russia and the Soviet Union* (Cambridge, 1992).

well as recommendations for the improvement of women's employment, they included directions for dealing with so-called 'malicious prostitutes' and 'women who returned to prostitution'.⁷¹ The authorities would forcefully evict these women from Sevastopol and liquidate the brothels in which they worked. The committee wanted these repressive measures to be visible to the public as a deterrent, so they advocated the periodic staging of show trials of those believed to be 'maliciously diseased' (*zlostnye veneriki*), and their wide coverage in the press.⁷²

The distinctions made between these two types of prostitute reveal the different ways in which the naval and civil authorities constructed venereal diseases. They argued that female unemployment and homelessness contributed to some women's entry into prostitution. These women apparently spread diseases in the absence of choice, through desperation and financial vulnerability. They also constructed another category of women who preferred to work in the financially lucrative business of prostitution despite the risk of disease, and chose to reject the labour dispensary. In this instance, disease was allegedly a tool used by these women to subvert the Soviet state and actively resist attempts to reform them into productive Soviet citizens. This classification also provided the authorities with an identifiable enemy who threatened national security even during a period of peacetime, which gave the campaign a renewed level of urgency. The struggle with venereal diseases could then be waged energetically against the women who refused to participate in the industrial construction of the Soviet state, and who deliberately infected its lines of defence.

The categories of 'maliciously diseased' and those who engaged in 'both free and paid casual sex' implies that the authorities recognised that commercial sex might not have been the only problem, despite the emphasis on prostitution in discourse. The authorities highlighted sexual promiscuity (*polovyi raspushchennost'*) as another source of infection and an obstacle in the struggle with venereal diseases. In a list of directives produced for various sections of political apparatus, the Health Department explained that the role of the newspaper *Krasnyi Chernomorets* was to help shape negative

⁷¹ Resolutions for the struggle with prostitution, 10 October 1928. RGAVMF, f. R397, op. 3, d. 458, *Materialy o bor'be s venericheskimi zabolevaniiami*, l. 3.

⁷² *ibid.*, l. 3. Tricia Starks discusses several 1920s show trials of those who infected others with venereal diseases in T. Starks, *op.cit.*, 187-190.

public opinion on 'sexual promiscuity, alcoholism and prostitution'.⁷³ The newspaper accepted this responsibility, and opened an article with the following call to arms:

All who stand for discipline and consciousness, who struggle against promiscuity and debauchery, must cause uproar against the outpour of debauchery from the sea: syphilis, gonorrhoea and chancroid.⁷⁴

In a similar way to the classification of prostitutes into 'needy' and 'malicious' by military and civil authorities, the author created two opposing sides: actively conscious citizens of the Soviet state, and the licentious individuals who attempted to corrupt it with their diseases. Venereal diseases were clearly identified as the enemy, which stressed the urgent necessity of the wider public's participation during a period of peacetime. *All* decent people *must* participate. The creation of this tension in the casting of promiscuity as an insidious enemy allowed the Soviet authorities to legitimise the regulation of individual's sexual behaviour more generally. This is even more evident in the treatment of those who became infected.

The infected

In the vast majority of cases, the naval authorities in the Black Sea believed that prostitutes infected sailors. Despite this, sailors were not defined as passive recipients of diseases, and they had an active role to play in the struggle. High command intervened in the intimate lives of their sailors, and their sexual behaviour in particular was under constant scrutiny. In a list of measures for the struggle in the Black Sea sent to Muklevich by the Head of the Political Inspectorate Tikhomirov, an entire section was devoted to the organisation of the sex lives of sailors; something which naval high command believed was their business to regulate. One of the recommendations was the promotion of a period of 'temporary abstinence' for all sailors during periods of voyage.⁷⁵ Tikhomirov

⁷³ Resolutions for the struggle with venereal disease, RGAVMF, f. R397, op. 3, d. 458, ll. 6-7.

⁷⁴ 'Nado smyt' chernoe piatno'.

⁷⁵ RGAVMF, f. 1483, op. 1, d. 56, l. 25.

believed that this was achievable through both visual propaganda and the organisation of boxing and wrestling competitions between sailors from different ships and compounds. These competitions had multiple benefits. They would provide entertainment; the physical exertion from participating would 'reduce sexual tension'; and the nature of these fighting sports would aid 'development in the quality of combat' of sailors in the Red Navy.⁷⁶ Sailors were to use the relative quiet of peacetime to simultaneously resist their sexual urges and improve their skills of combat.

The struggle with venereal diseases gave high command justification for interfering in the intimate lives and bodies of their personnel. They advocated abstinence as the most effective method for avoiding infection, but naval officers understood that implementing this was difficult in practice. To get around this, the Revolutionary Military Soviet of the Black Sea fleet made it mandatory that following sexual intercourse, sailors had to report to their nearest medical point for prophylactic care.⁷⁷ Those who did not attend were to be 'brought to justice for deliberately violating their working capacity' and endangering the interests of the fleet. Even in peacetime, passivity became subversive behaviour, and privacy in matters of prophylactics was prohibited.

The term 'personal prophylactics' (*lichnyi profilaktiki*) does not correspond to our contemporary understanding of contraception, as in, a method applied before sexual intercourse to protect against disease. In the pre-revolutionary and early Soviet periods, medical professionals mainly recommended that prophylactics were to be used *after* sexual intercourse. From the late nineteenth century, Russian physicians advised that this kind of preventative treatment should be used widely in the naval forces. In the pre-revolutionary Navy, so-called individual 'prophylactic packages' were available for sailors to purchase from the end of 1909. These packages were intended for individual use and they contained various disinfectants to be applied following sexual intercourse, including a tube of silver proteinate to prevent gonorrhoea and an anti-syphilis formalin cream.⁷⁸ Pre-revolutionary naval authorities also recommended the use of condoms to

⁷⁶ *ibid.*, I. 25.

⁷⁷ *ibid.*, I. 23.

⁷⁸ 'K Lichnoi Profilaktike Venericheskikh Boleznei', *Russkii Zhurnal Kozhnikh i Venericheskikh Boleznei*, 6 (June 1913), 428.

protect against venereal diseases, but some physicians argued that they were an unreliable preventative measure.⁷⁹

Antiseptic packages and condoms were not readily available for Black Sea sailors in the 1920s. Dr Staronadmskii, the Doctor for Important Assignments of the Naval Forces, reported in late 1927 that the Military Medical Department had only just 'taken steps to manufacture individual prophylactic packages' for sailors.⁸⁰ The quality of condoms was still poor in the 1920s, and many Soviet doctors considered them to be potentially harmful for both men and women.⁸¹ The fact the Military Soviet instructed Black Sea sailors to report to their nearest medical point to receive prophylactic treatment, rather than administering it themselves, is further evidence of the lack of available portable prophylactic means. Additionally, by administering prophylactic treatment at a clinic, rather than focusing on the mass manufacture of individual packages, naval command were able to ensure that sailors were actually using preventative measures and absorbing information from health education and propaganda. This method also allowed the naval authorities to monitor exactly who was having sex within their units, and the frequency with which this was happening. The Military Soviet's 'hands-on' approach to administering prophylactic treatment prohibited privacy and justified greater state interference into the lives of sailors.

The degree of interference into the private lives of Soviet sailors was not unique, and similar practices existed in the French Navy in the late nineteenth century.⁸² During wartime, servicemen in Britain and the United States were also subject to similar procedures. In the USA during the First World War, the War Department ordered that any soldiers who contracted venereal diseases after failing to use prophylactics would face trial and imprisonment, as well as losing their wages for their period of hospitalisation.⁸³ In the British Army, any soldier admitted to hospital with a venereal disease faced losing

⁷⁹ In 1914, the Collegiate Assessor at the Port of Emperor Alexander III in Libava recommended condoms to prevent the spread of venereal diseases, along with compulsory corporeal examination and the large-scale manufacture of antiseptic 'prophylactic kits'. RGAVMF, f. 949, op. 3, d. 4, *Upravleniia sanitarnogo chast'iu morskoi kreposti*, l. 2. Criticism of the effectiveness of condoms can be found in 'K Lichnoi Profilaktike Venericheskikh Boleznei', *op.cit.*, 428.

⁸⁰ RGAVMF, f. 1483, op. 1, d. 56, l. 9.

⁸¹ Bernstein, 'Behind the Closed Door', *op.cit.*, 102.

⁸² Surkis, *op.cit.*, 220.

⁸³ E. H. Beardsley, 'Allied Against Sin: American and British Responses to Venereal Disease in World War I', *Medical History* 20, 2 (1976), 189-202, here 196.

their pay while undergoing treatment and being forbidden from taking leave for twelve months afterwards.⁸⁴ British military personnel were also subject to ‘humiliating random inspections’ in which they were obliged to show their genitalia to their officers on demand.⁸⁵ Despite these similarities, the situation in the Soviet Union differed due to peacetime military conscription. Compulsory military service was abolished in the USA and Great Britain in 1918 and 1920 respectively. In the USSR, the first peacetime draft began in 1924, and the Soviet state promised conscripts various benefits including special access to health care, living quarters and preferential treatment for their children in schools.⁸⁶ By the autumn of 1925, military high command reported that ninety per cent of all eligible conscripted males appeared for induction.⁸⁷ The drafting of men into the forces during peacetime meant that the military authorities continued to interfere in the lives of a large portion of the male population outside the context of wartime.

The Soviet Union also differed in the availability of individual antiseptic prophylactic kits. During the interwar years, prophylactic packages were publicly available in some countries outside the USSR. In Britain from 1923, pharmacists were permitted to sell antiseptic prophylactic packages, although there were some restrictions on their advertisement.⁸⁸ The VD Act in Germany removed any remaining restrictions on the sale of antiseptic packages and condoms in 1927, and following this, they were readily available in railway stations, bars and cafes in most German cities.⁸⁹ In the USSR, individual prophylactic packages were not legalised until 1923, and even after this, rubber shortages halted the manufacture of condoms throughout the 1920s and 1930s.⁹⁰ There is little evidence to suggest that the Soviet government took decisive steps to manufacture personal prophylactics to protect against diseases for mass consumption, and instead the military authorities relied on clinic-based post-coitus methods throughout the 1920s.⁹¹

⁸⁴ M. Harrison, *op.cit.*, 139.

⁸⁵ *ibid.*, 139.

⁸⁶ J. A. Sanborn, *Drafting the Russian Nation: Military Conscription, Total War and Mass Politics 1905-1925* (DeKalb, 2003), 61.

⁸⁷ von Hagen, *op.cit.*, 210.

⁸⁸ Hall, ‘Venereal Diseases and Society in Britain’, *op.cit.*, 128.

⁸⁹ Sauerteig, *op.cit.*, 83.

⁹⁰ W. Goldman, ‘Women, Abortion and the State 1917-36’ in B. Evans Clements, B. Alpern Engel and C. D. Worobec (eds), *Russia’s Women: Accommodation, Resistance, Transformation* (Berkeley, 1991), 247.

⁹¹ E. A. Wood, *The Baba and the Comrade: Gender and Politics in Revolutionary Russia*, (Bloomington and Indianapolis, 1997), 110.

High naval command also sought to transform the ways in which sailors thought about venereal diseases. In early 1928, Muklevich received a report which criticised the Health Department for convincing soldiers that all venereal diseases were curable with the correct treatment.⁹² This message was allegedly damaging, and encouraged sailors to adopt a 'flippant attitude' towards prophylactics, comforted that a 'relaxing stay at the hospital is not so bad'. In the same year, the Head of the Military Medical Department called for the expansion of propaganda and educational work for naval personnel and the civilian population.⁹³ The focus of this campaign was the negative effects of prostitution, alcoholism and venereal diseases, and in particular, how these phenomena endangered public health. The authorities worked hard to create a sense of urgency for the struggle with diseases, and further cemented their perception as the enemy undermining the security of the Soviet state.

In addition to corporeal control, the naval authorities attempted to regulate sailors' leisure time, which was longer in the context of peacetime. Sailors' enjoyment of free time was dependent on their conforming to Soviet standards of appropriate behaviour. It was the duty of officers in the Black Sea fleet to 'assess the state' of sailors returning from the shore, and disqualify those who had engaged in sexual debauchery, drunkenness or so-called 'disgraceful behaviour' (*bezobraznoe povedeniie*) from future leave.⁹⁴ Tikhomirov instructed the Revolutionary Military Soviet of the Black Sea fleet to wait until ten or eleven in the evening before sending sailors on shore leave, after the theatres and cinemas had closed in Sevastopol.⁹⁵ The Political Department for the Black Sea fleet was to work with the State Theatre and Art Association of Sevastopol to assess the repertoire of entertainment across the city, and ensure that any plays or films with 'unhealthy sexual inclinations' were banned. Using the campaign to struggle with venereal diseases, high command limited the sailors' access to, and content of, entertainment, hence intervening into their leisure time.⁹⁶

The struggle mainly focused on the conduct of ordinary sailors, although the sexual behaviour of officers was also monitored through recommendations. Measures to

⁹² Report sent to Muklevich, RGAVMF, f. 1483, op. 1, d. 56, l. 16.

⁹³ RGAVMF, f. R397, op. 3, d. 458, ll. 6-7.

⁹⁴ RGAVMF, f. 1483, op. 1, d. 56, l. 23.

⁹⁵ *ibid.*, l. 23.

⁹⁶ A similar system also existed in the French Navy in the late nineteenth century. From 1888, sailors had to pass medical examinations prior to obtaining permission to go ashore. Surkis, *op.cit.*, 220.

combat venereal diseases stressed that the line of command should 'increase their responsibility' over their men and set a 'personal example' to their units by exercising sexual restraint.⁹⁷ The district committee of Sevastopol made it clear that high rankings officers were not immune from punishment. The local Commission for the Struggle with Venereal Diseases and Prostitution advocated 'strict disciplinary sanctions' for all military personnel found in brothels, regardless of their position.⁹⁸ In this instance, the city authorities constructed disease as a threat which transcended all ranks, which validated their surveillance over the entire hierarchy of the navy.

The urban space of Sevastopol

Sevastopol was described in *Krasnyi Chernomorets* as a 'magnet for prostitutes', because of its port status and reputation as a commercial hub.⁹⁹ The city was attractive for a variety of reasons: it was the largest population centre of the Crimean ASSR; the headquarters of the Black Sea fleet; and one of the few developed tourist resorts in the entire Soviet Union.¹⁰⁰ These factors suggest that prostitutes in Sevastopol had access to a substantial client base. Figures on the infection rates of sailors collected by the naval authorities reported that in the vast majority of cases, prostitutes allegedly infected sailors inside the city. An emergency message sent from Mironov, the Head of the Black Sea fleet, to the Commander of the Naval Forces of the Black Sea presented infection rates for May and June 1928. Out of fifty-three cases from different units of the naval forces, naval personnel named prostitutes as the source of infection in fifty-one instances.¹⁰¹

Sailors who had contracted a venereal disease named Sevastopol's prostitutes as the source of their infection in almost ninety-five per cent of all cases between the 1 May and 22 June 1928.¹⁰² Men who worked on ships made up the majority of those infected in this period, and ninety-one per cent of this group claimed that they had contracted their

⁹⁷ RGAVMF, f. R397, op. 3, d. 458, l. 6.

⁹⁸ *ibid.*, l. 3.

⁹⁹ 'Nado smyt' chernoe piatno', *Krasnyi Chernomorets*, No. 33, 3 March 1928. RGAVMF, f. 1483, op. 1, d. 56, l. 32.

¹⁰⁰ A. E. Gorsuch, *All This is Your World: Soviet Tourism at Home and Abroad After Stalin*, (Oxford, 2011), 31.

¹⁰¹ Emergency message sent on 26 June 1928. 'O svizhikh zabolevaniikh venericheskimi bolezniami v morskikh silakh chernogo moria podannym ekstrennykh soobshcheny'. RGAVMF, f. R397, op. 3, d. 458, l. 17.

¹⁰² Table sent from the Head of the Black Sea fleet Mironov to the Commander of the Naval Forces of the Black Sea, 26 June 1928 'O svizhikh zabolevaniikh venericheskimi bolezniami v morskikh silakh chernogo moria podannym ekstrennykh soobshcheny'. *ibid.*, l. 17.

disease through commercial sex in Sevastopol. It is questionable whether they would have been able to identify the exact source of their infection with such accuracy, especially when the diagnosis of venereal diseases such as syphilis was based on unreliable methodology. The Wassermann (1909) and Kahn (1923) tests for syphilis revolutionised venereal disease screening by introducing blood testing for greater accuracy. However, even when combining the two methods, contemporaries frequently described results as inaccurate, and physicians would have struggled to perform these two highly specialised tests effectively.¹⁰³ Gonorrhoea was even more evasive, and physicians often relied on their own empirical clinical knowledge to diagnose diseases.¹⁰⁴ If even the diagnosis of the disease itself was frequently inaccurate, it is reasonable to assume that the source of infection was equally uncertain. Instead, figures reveal who both sailors and the high command of the Black Sea Fleet *perceived* to be the most frequent transmitters of venereal diseases. These perceptions reflected their preconceptions about disease, urban space and sexual behaviour, which marked the prostitute and the city as exceptionally infectious. Their responses also suggest that the interrelation of prostitution and venereal diseases in anti-disease campaigns may have provided sailors with a convenient scapegoat. By naming the anonymous prostitute as the source of infection, they could have avoided implicating a male or female partner.

City authorities perceived that the reclassification and reordering of the urban space of Sevastopol was essential to suppress the business of prostitution. In a 1928 report sent to Muklevich, the urban landscape of Sevastopol was used to explain the high levels of prostitution in the region. The report highlighted the central site of prostitution in the city as the seaside boulevard (*primorskii bul'var*), which was also an infamous site for male prostitutes soliciting clients for same-sex relations in this period.¹⁰⁵ This thoroughfare was allegedly 'flooded with prostitutes at night' who took advantage of the lack of street lights and police in the area, enjoying relative privacy. The activities within this space, the lack of surveillance and light, helped to create an informal red-light district in Sevastopol which achieved a level of notoriety. This was also true of Victorian London, where technological advances, such as the introduction of electric lighting on major

¹⁰³ C. C. Young, 'The Kahn Test for Syphilis in the Public Health Laboratory', *American Journal of Public Health*, 13, 2 (1923), 96-99.

¹⁰⁴ Bernstein, 'Behind the Closed Door', *op.cit.*, 101.

¹⁰⁵ RGAVMF, f. 1483, op. 1, d. 16. Healey, *Homosexual Desire, op.cit.*, 216.

thoroughfares, forced prostitutes to renegotiate their working environments and relocate to quieter side streets.¹⁰⁶ The authorities evidently believed that improving the illumination of the boulevard would destroy its reputation as a hub for prostitution. They also recommended strengthening the ‘administrative supervision’ of all city boulevards, and increasing police presence.¹⁰⁷ The space was malleable, and those directing the struggle with venereal diseases believed that it could be shaped, organised and made respectable once again.

In both Sevastopol and the wider Soviet Union, the complete removal of the brothel from the urban landscape was a key part in the struggle with venereal diseases. The Criminal Code of 1922 made brothel keeping and pimping illegal, with a minimum sentence of three years’ imprisonment.¹⁰⁸ From this year onwards, the Soviet authorities monitored entertainment establishments and ‘suspicious’ apartments in an attempt to prevent informal brothels from emerging.¹⁰⁹ The destruction of a well-established site of commercial sex increased prostitutes’ visibility in society, as it forced them out into public space. Despite their illegality, brothels continued to exist, and in some cases flourish, in early Soviet Russia.¹¹⁰

In December 1927, Muklevich described brothels as ‘hotbeds of infection’ (*ochag zarazy*) and emphasised their prominent role in the spread of diseases.¹¹¹ Muklevich’s perception of the brothel as a site of contagion and his rhetoric of infection can be explained through Mary Douglas’ concept of dirt. For Muklevich, dirt threatened order and the necessity of its removal provided rationale for the reorganising and ‘cleansing’ of urban space.¹¹² In the case of Sevastopol, the links made between disease and the brothel aided both the transformation of the city and the promotion of more ‘normal’ forms of

¹⁰⁶ J. Laite, *Common Prostitutes and Ordinary Citizens: Commercial Sex in London, 1885-1960* (Basingstoke, 2012), 85.

¹⁰⁷ RGAVMF, f. R397, op. 3, d. 458, l. 3.

¹⁰⁸ In the 1926 Criminal Code, Article 155 changed the sentence of brothel-keepers and procurers to a maximum of five years.

¹⁰⁹ N. B. Leбина, and V. Sharovskii, *Prostitutsiia v Peterburge: 40-e gg. XIX v 40-e gg. XX v* (Moscow, 1994), 142.

¹¹⁰ A report by the Chief of Police regarding prostitution in Altai region revealed that the city of Barnaul still had ten brothels in 1925, GARF, f. R393, op. 43a, d. 1124, *Perepiska s administrativnym otделom altajskogo gubernskogo ispolnitel'nogo komiteta o merakh bor'be s prostitutsiei* l. 3. See also Waters, *op.cit.*, 166.

¹¹¹ RGAVMF, f. 1483, op. 1, d. 56, l. 13.

¹¹² Mary Douglas argues that attempts to eliminate dirt are often ‘positive efforts to organise the environment’. See M. Douglas, *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo* (London and New York, 1966), 2.

sexuality. If infection primarily occurred inside the brothel, then individuals were advised to avoid sex with prostitutes and instead pursue more traditional sexual long-term relationships.¹¹³

Despite these measures, brothels continued to exist in Sevastopol. In October 1928, the district committee stressed the necessity of the 'liquidation of dens of prostitution' (*prityony prostitutsii*).¹¹⁴ They referred to a particular type of 'concealed' brothel in the city, where several women lived together and worked as prostitutes in an informal setting. These establishments could represent the ways in which prostitutes adapted to new legislation regarding their occupation. Elizabeth Waters argues that the 1920s saw huge transformations in the business of prostitution, and a lessening of the distance between prostitutes and the wider urban community. Informal brothels sprang up in apartments across urban centres, where prostitutes rented as a group and shared responsibilities, without the need for a pimp or *madame*.¹¹⁵ It was the invisibility of these establishments that troubled the authorities in Sevastopol, as apartment brothels blended in with the rest of the urban landscape. The existence of this type of brothel subverted the gaze of the city authorities, as they were unable to construct the urban space of Sevastopol in such a way that made it possible for them to 'see constantly and recognise immediately'.¹¹⁶ The fact that these establishments had customers also suggests that residents of Sevastopol had a greater level of knowledge about their city than those who managed and policed it. The district committee's solution was to conduct periodic raids and patrols throughout Sevastopol in an attempt to root out these sites of prostitution.¹¹⁷ By forcefully entering the space of the brothel and prosecuting those who ignored the Criminal Code, the authorities attempted to reclaim the urban space of the city.

¹¹³ Tricia Starks and Frances Bernstein argue that in the 1920s, many Soviet doctors and theorists regarded *all* sexual activity outside stable relationships with concern and generally took little interest in male and female sexual pleasure. F. Bernstein, *The Dictatorship of Sex: Lifestyle Advice for the Soviet Masses* (DeKalb, 2007), 96-99; Starks, *op.cit.*, 188-189.

¹¹⁴ RGAVMF, f. R397, op. 3, d. 458, l. 3.

¹¹⁵ Waters, *op.cit.*, 166.

¹¹⁶ Foucault argues that the Bentham's 'Panopticon' model afforded prison authorities ultimate power and control as it allowed them to constantly visualise their entire surroundings. The 'Panopticon' induces in prison inmates 'a state of conscious and permanent visibility that assures to automatic functioning of power'. In the case of brothels in Sevastopol, their invisibility subverted the power of city authorities. M. Foucault, *Discipline and Punish: The Birth of the Prison*, trans. A. Sheridan (New York, 1977), 200-201.

¹¹⁷ RGAVMF, f. R397, op. 3, d. 458, l. 3.

Conclusion

This article has used the case study of Sevastopol and the Black Sea fleet to demonstrate how those in authority conceptualised the struggle with venereal diseases in the 1920s. During this decade, the Soviet Union was still in the early stages of its history and had emerged economically and materially crippled following the destruction of the revolutions and Civil War. Therefore, those in power were particularly anxious about venereal diseases removing healthy people from the industrial workforce, which was necessary for societal reconstruction. The same could be said for the construction of diseases in the Red Navy. Diseases were identified as the enemy, and the struggle against them a battlefield in which control, surveillance and sanitary enlightenment were the most effective weapons. A new country required competent forces for defence, something which venereal diseases jeopardised.

The Black Sea fleet's status as the most diseased contingent of the Red Navy legitimised state involvement in all aspects of the lives of servicemen. The intimate and private lives of sailors were to be standardised, transformed and 'made healthy' by the state. As protectors of Soviet security, sailors' bodies became property of the state, and even when promoting the use of preventative measures, the naval authorities in Sevastopol insisted on their physical involvement in the process. The likening of disease to an enemy, and the struggle as a battle, was used to engage servicemen with urgency outside of a period of international conflict.

In the struggle with venereal diseases in Sevastopol, the authorities consistently named prostitutes and promiscuous women as the source of all infection, which allowed them to promote long-term sexual relationships rather than casual encounters. By dividing prostitutes into the two camps of victim and villain, high command constructed an identifiable enemy to engage the Navy and wider public to actively fight against in the context of peacetime. In the same way, the brothel was marked as a site of contagion and disease, and its clandestine status allowed city authorities to justify the greater surveillance and policing of the urban community. The remoulding and reshaping of city space was also an integral part of the struggle with diseases. High command's classification of certain areas of Sevastopol, along with certain women in the city, as polluted and contagious authorised their increased interference. Therefore, these

constructions of venereal disease helped to legitimise the city and naval authorities' interventions into the private, and intimate, lives of military personnel and the wider population.